

COVID-19 emergency change in authorization process is effective May 20 at Noon

To ensure that there are no barriers to access behavioral health treatment for HealthChoices members during the COVID 19 pandemic, Magellan Behavioral Health of Pennsylvania (Magellan) is aligning our authorization requirements with Medicaid Fee for Service.

Currently, the following services require prior authorization or other utilization management reviews in the MA FFS program:

- Residential Treatment Facility for Children (both accredited and non-accredited)
- Therapeutic Staff Support Services
- Behavioral Health Rehabilitation Services Program Exceptions (MST, FFT, STAP and IBHS After School Programs)
- Intensive Behavioral Health Services
- Behavioral Health Technician Services
- Psychiatric Inpatient Services (concurrent and retrospective reviews only)
- Drug and Alcohol ASAM Level 4 Services (concurrent and retrospective reviews)

Effective May 20, 2020 at Noon, and in coordination with the May 18 OMHSAS Memo, Magellan will align with MA FFS, as the services above will be the only services to require prior authorization. For all other HealthChoices funded levels of care that require an authorization, there will be a registration process and coordination of care reviews.

Magellan's clinical team will continue to enter authorizations to allow for payment of claims. If a Member is recommended for a 24-hour level of care, Magellan will be available to assist with the bed search and we will be asking for additional clinical information for any bed search request. If your agency submits paper requests for authorizations this process needs to continue during this disaster emergency declaration period. If you have a member in a 24-hour level of care that no longer requires concurrent reviews your care

manager will outreach to you and ask you to complete a coordination of care review when the current authorization ends. Community based providers should continue to submit treatment authorization requests and packets.

Registration Process:

- 1. Caller Name, Title, Credentials, Phone Number and Facility
- 2. Emergency Room/Crisis Center: Date and Time of Arrival
- 3. Member's current address and phone number
- 4. Member's Gender
- 5. Member's Language Preference
- 6. CYS/JPO Involvement
- 7. Level of Care Requested
- 8. Inpatient Mental Health: 201 or 302
- 9. Inpatient Mental Health: Suicidal Ideation
- 10. Diagnosis
- 11. Barriers
- 12. Admission Date

Coordination of Care (COC) Review:

- 1. Current Medications
- 2. Social Determinants of Health
- 3. Mental Status
- 4. Physical Health/Behavioral Health Coordination Needs
- 5. Barriers
- 6. Discharge Plan

These changes to the authorization process will continue until further notice. Once the emergency declaration period is over, we plan to return to our former authorization process. If you have questions about the new process, please outreach to your assigned Magellan Care Manager.

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105 Terry Drive | Newtown, PA 18940 1 W. Broad Street, Suite 100 | Bethlehem, PA 18018 1003 Broad Street, Suite 301 | Johnstown, PA 15906



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